

Michigan Child Care Matters

Department
of Human
Services

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Infant Toddler Development

FROM THE DIRECTOR

There are many changes in the proposed regulations for Family and Group Child Care Homes and Child Care Centers. The rules addressing the care of infants and toddlers are some of the most significant. As I have noted before in this space, a child's first years are a critical time in the social, emotional and intellectual development of that child. Children learn more from birth to age three than any other time in life. During this time, what we do matters and will determine the way children learn, think and behave forever. What follows is a brief review some of the infant/toddler requirements from the draft rules.

Infant supervision and sleeping are addressed in both home and center rules. Both sets of regulations incorporate the recommendation of the American Academy of Pediatrics that infants be placed on their backs for resting and sleeping. Infants under the age of 12 months must rest or sleep alone in an approved crib or porta-crib. An approved crib or porta-crib shall have a firm, tight-fitting mattress with slats no more than 2 3/8 inches apart. While sleeping, an infant's head must remain uncovered. Soft objects, bumper pads, stuffed toys, or other objects that could smother a child shall not be placed with or under a resting or sleeping infant.

Michigan is in the fore front of states recognizing the importance of a child's social-emotional development. Both home and center rules identify some of the interactions caregivers should be engaging in with infants regularly: smiling, holding, talking to, rocking, cuddling, eye contact, interacting with the child during routines and play activities, and providing guidance. We have been very specific in this rule because the committee felt it was a way to educate providers and parents on how they can impact a child's social-emotional development. Information from Mary Mackrain, coordinator of the Child Care Expulsion Project, stresses that relationships are the building blocks for healthy social-emotional development.

It is within the security of relationships that infants and toddlers (and older children, too) feel safe and confident, able to explore their world with enthusiasm and curiosity.

Home-based care has the benefit of allowing relationships between caregiver and child to develop over time. Home providers are "primary caregivers" for all the children in their care. Center-based care addresses the need for stable, positive relationships between caregivers and children through the "Primary Caregiver" rule. Through primary care, the child and the child's family develop bonds of comfort, familiarity, trust and love.

The rules establish annual training requirements for all caregivers. The rationale for this requirement is simple. Training enables caregivers to remain up-to-date with innovations and best practices in the field of early childhood education. When early childhood professionals (and you are professionals!) are well prepared and knowledgeable, children in their care are likely to experience warm, safe, and stimulating environments.

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Family Support Services
Child Development and Care

and

MICHIGAN DEPARTMENT OF HUMAN SERVICES
Office of Children and Adult Licensing
Division of Child Day Care Licensing



This publication provides topical information regarding young children who are cared for in licensed child care settings. We encourage child care providers to make this publication available to parents of children in care, or to provide them with the web address so they may receive their own copy. Issue 43 and beyond are available on the Internet. **This document is in the public domain and we encourage reprinting.**

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OUTDOOR ACTIVITIES

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Infants and toddlers need to have outdoor time each day. Being outside can calm a fussy baby. Active toddlers need to release their energy through vigorous outdoor play.

For infants and toddlers, a safe outdoor surface can be a terrific place to create a learning space. Grass, empty wading pools, cardboard boxes, foam tiles and other surfaces can provide crawling space for infants.

All children, but especially infants and toddlers, learn through movement. They use their whole bodies to interact with and learn about the world around them. Babies need opportunities to kick, reach, grasp, pull, and release objects. Some equipment for these activities could be:

- Tunnels to crawl through
- Cushions to crawl over
- Rocking toys
- Riding toys
- Low climber and slide
- Soft balls
- Push/pull toys
- Safe, age appropriate swings

But outdoor play does not have to be limited to large motor activities. Messy art activities, such as finger painting or sand and water play, can be done outside. Bring out the noisemakers and have music outside. It doesn't sound as loud as indoors! Games, such as "peek-a-boo" or "Pop Goes the Weasel," can be played anywhere. Even dramatic play can go outside. Toddlers just love to put on dress-up clothes and carry props (such as old handbags) around.

Going for a walk is always a treat for infants and toddlers. Get out the strollers (or wagons for the older toddlers), get outside, and explore! Talk to the little ones about what you see. Use descriptive language, such as the red flowers, the noisy truck, the birds in the blue sky, etc.

And remember the health benefits of being outdoors. Children who are frequently exposed to fresh air have better general fitness and less illness. ❖

PROFESSIONAL DEVELOPMENT OPPORTUNITIES

April 14-16, 2005, Grand Rapids, Michigan

MiAEYC Early Childhood Conference

Contact: <http://miaeyc.com>

May 9-10, 2005, Ypsilanti, Michigan

High Scope Conference and Training Opportunities

Contact: <http://highscope.org> or (734) 485-2000 ext. 234

Additional Training Opportunities

MSU extension

Contact: <http://fcs.msue.msu.edu>

Michigan 4-C Association

Contact: www.mi4c.org

USE IT OR LOSE IT! CHILDREN'S BRAIN DEVELOPMENT

*Jackie Sharkey, Licensing Consultant
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The human body, including the brain, is entirely made up of cells. At birth, a baby has 100 billion brain cells that will make connections as the brain matures. The brain connections that are made are crucial. Among other things, they allow thinking and learning to take place. These connections are made as a result of the environmental input the child receives after birth.

The first three years are especially important. When it comes to brain development, it's mostly a case of **use it or lose it**. The child's earliest experiences affect the way the brain is organized. When a connection is used repeatedly in the early years, it becomes permanent. A connection that is not used at all, or not often enough, is unlikely to survive. For example, a child who is rarely spoken to or read to early on may have difficulty mastering language skills. A child who is seldom played with may have difficulty with social adjustment. The basic intellectual, emotional and social foundations of life are developed by the age of three.

There are prime times both before and after birth for connections to be formed. Some of them are relatively short. If the brain is not exposed to visual experiences in the first years of life, a child will not be able to see. Other prime times last a decade or more. For the first 10 –12 years of life, a child can learn languages very easily.

Because most of a child's brain development takes place after birth, there are many opportunities every day to contribute to the child's healthy development. Interactions with a child and the experiences that are provided or encouraged have a big impact on the child's emotional development, learning abilities and how the child functions later in life.

Providing warm, responsive care strengthens the systems that control emotions. Research shows that a strong, secure connection helps a child deal with the ordinary stresses of daily life. A child who has experienced a secure attachment is more adaptive. A child needs experiences with caregivers who are sensitive to their emotional and physical needs. A child that is stressed, fearful, or insecure is prevented from learning, even if the environment is set up for many stimulating learning opportunities.

Infants and toddlers are actively trying to master their environment and learn how to function within it. This provides caregivers with the responsibility of setting up their environment as a place of appropriate intellectual, emotional, and social stimulation. Infants and toddlers

learn about their world through their senses. They need to touch, manipulate, and interact with things to know them.

To learn, infants need:

- environments that allow and encourage the exploration of materials
- adults who respond to them consistently and support their curiosity and developing skills in a safe, supportive way
- prompt responses to crying or other signs of distress
- to be held or carried frequently, especially upon arrival at the day care
- gentle, sensitive responses and handling during caregiving
- caregivers who talk to them and imitate their sounds
- adults who are attentive to their individual signals
- sensitive responsiveness to vocal messages to encourage communication. This includes repeating their sounds, offering sounds for them to impressions, and interpreting their first attempts at words.

To learn, toddlers need:

- caregivers who actively communicate with them by modeling good speech, listening to them carefully, making use of and expanding on what they say, and helping them with new words and phrases
- daily activities that include songs, stories, fingerplays, directions, comfort, conversations, information, and play
- to be allowed to carry around and play with favorite things
- to have environments which include duplicates of favorite toys or something very similar to avoid problems

During the first three years, a normally developing child learns to speak, think, and perform sophisticated movements and build interpersonal relationships. There is no other three-year period in life during which we come close to matching the rate of these accomplishments.

Every caregiver has the potential to help shape a young child's future.

Lessen-Firestone, Joan, *Building Children's Brains*, www.aimh.msu.edu, 1998.

Manchester, Steve, *Brain Development*, Better Homes and Centers, Summer/Fall, 1998❖

DISCIPLINE

*Dalerie Jones, Licensing Consultant
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Discipline can be defined as helping children to develop self-control, setting limits, and correcting behavior. Discipline is encouraging children, guiding them, and helping them to feel good about themselves. Discipline is not a simple process.

Development is the basis of childhood. Not only is every child different but each child also changes as they move through different stages of development. A child will be different in a year or 5 years from the way she is today. You cannot effectively discipline a 2 year old as you would a 7 year old. In addition, you must take into account what happens to a child under stress, pressure, or illness, when she may regress and act as though she were younger. Childhood development is a complex process, and successful discipline is geared to the child's developmental stage.

INFANTS

Infants should not be subjected to discipline. Infants are unable to communicate with words what they need, like or feel. Therefore, they require an understanding and patient caregiver to meet their needs. One of the ways that they communicate their needs is through crying. Infants cry when they are hungry or sick. They also cry when they feel uncomfortable such as being wet or too hot or too cold, or in pain. It can be a challenge to caregivers to learn what the infant is attempting to communicate through her cry. Being unable to console a crying infant can be frustrating for the caregiver.

These are some consoling techniques that you can try with a crying infant:

- If the infant is in the crib or bassinet, wait one minute before you do anything to see if she can comfort herself.
- Lean over his crib or bassinet without picking him up. Talk softly and continuously, which may quiet him.
- Pat the infant's back or stroke his head while baby is still lying down.
- Pick him up in your arms and hold him
- Rock him in your arms, or walk with him against your shoulder.
- Try giving him a pacifier
- Wrap the infant with his arms and legs inside a blanket and lay him on your lap.
- **Remember to never grab or shake an infant. This can cause severe injury or even death.**

TODDLERS

As children enter the toddler stage of development, they develop a sense of independence. They may engage in testing limits with their caregiver to see whether or not you mean what you say. This is an age when children need clear limits that are enforced. During this stage of development children need a little more independence, as they are beginning to develop their own way of doing things.



In terms of discipline, caregivers should give children the maximum opportunity to experience freedom within a carefully thought out space. Discipline should be firm but not so rigid that it does not allow children to explore safely within the environment.

Positive reinforcement is an effective form of discipline. With this form of discipline children are given encouragement, special attention, praise and rewards. Verbal redirection done in a firm but nurturing way is also a positive discipline technique.

Time out implemented in the correct way can be an effective discipline technique for some children. However, this should be used as a last resort for discipline. It should be considered as a brief time for a child to get control of their behaviors. Briefly explain why the child is sitting in time out. When the time out is over, talk calmly about the caregiver's expectations for behavior.

(Continued on page 6)

BUILDING A HEALTHY FOUNDATION: SOCIAL AND EMOTIONAL DEVELOPMENT IN INFANTS AND TODDLERS

Judy Darling, Early Childhood Mental Health Consultant, The Guidance Center, and
Mary Mackrain, Child Care Expulsion Prevention (CCEP) Training and TA Consultant



Social and Emotional Development

The caregiver's role is vital to helping infants and toddlers establish a solid social and emotional foundation. Social and emotional development includes an infant and toddler's growing ability to,

- 1) regulate and express emotions
- 2) explore new environments and
- 3) form close relationships with caregivers.

Social and emotional development not only impacts all other areas of growth and development - it is the foundation that *all* future development is built on. What we give infants and toddlers *today* they will carry inside themselves *forever*.

A compelling quote by Carl Menninger states: "What is done to children, they will do to society." We may think of this in its most positive potential: *What is done for and with children, they will do for and with society.*

In our concern for children's academic success, it is beneficial to be mindful of the role that social/emotional development plays in this area. Social and emotional development sets the "playing field" for school readiness and lifelong success. Research shows that children who have healthy social and emotional skills tend to learn better, are more likely to stay in school and will be better able to make and keep lifelong friends.

The caregiver's most important task in helping guide infants and toddlers along in their quest for healthy development, is to understand how to *recognize and respond* to a young child's cues and messages.

In order for babies and toddlers to develop social and emotional well-being, they need the support of adults. "Babies need gentle touching, holding and eye contact, just as they need food to grow and develop. Studies show that a nurturing touch actually helps many babies gain weight and develop healthy relationships with caregivers."¹

Social and emotional skills can be observed over time. As children grow, many of their developing skills can be seen and heard. Following is information that may

help caregivers recognize some of the social and emotional developmental cues and skills of infants and toddlers.

Young infants:

- Cry, coo and smile
- Look at faces
- Quiet when picked up
- Seek comfort
- Show excitement

Mobile infants:

- Explore with enthusiasm
- Are curious about other people
- React to changes in daily routine
- Laugh out loud
- Enjoy books, songs and simple games

Toddlers:

- Show shyness in unfamiliar places
- Smile and laugh
- Begin to show feelings for others
- Are playful with others
- Express many feelings such as, sad, happy, frightened and angry²

Infants and toddlers simply cannot create bright futures without you!

¹Information adapted from Zero to Three, Parent Tip of the Week for Social and Emotional Development:

http://www.zerotothree.org/ztt_parents.html

²Information for the milestones was adapted from Baby Stages: A Parent's and Caregiver's Guide to the Social and Emotional Development of Infants and Toddlers. Michigan Association for Infant Mental Health, 2004. ❖

TIPS FOR PROMOTING SOCIAL AND EMOTIONAL HEALTH FROM INFANCY ON...

Judy Ann Darling, Mary Mackrain, and
Kathleen Baltman.

1) Gently hold and cuddle children often

Why? In addition to being important for bonding and attachment with your baby, and young children, physical touch can generate brain connections that support all areas of development.

2) Enrich children's daily routines such as meal, bath and nap times, by sharing looks, smiles, conversations, and stories

Why? These day to day interactions are a way for you and the children in your care to continue building strong ties to each other, the foundation for later relationships.

3) Attentively respond to children's attempts to communicate with you through facial expressions, gestures, cooing, babbling, and words. Gently mirror their sounds and expressions.

Why? Your encouraging responses help children learn to value themselves and others. Their successful communications encourage the development of leadership skills.

4) Take time to follow a child's lead Join them in floor-time play and talk with them about their activities whenever possible.

Why? Allowing uninterrupted time to get down on the floor and play with children gives them a sense of safety and encourages self-initiative and exploration.

5) Gently guide children through social situations: Babies love to look at other babies. Toddlers and preschoolers learn to socialize through practice and experiences that are supported by caring adults.

Why? By providing support to children in social situations, they learn how to make friends and get along with others. As you acknowledge the range of feelings they experience during peer interactions, they learn to recognize and successfully use those feelings, an important first step in the development of conflict resolution skills.

6) Be a positive role model: Offer children opportunities to observe you being a kind and caring person.

Why? Your actions send key messages to children about what is important within your care setting.

7) Help children learn a variety of words to fully express their feelings.

Why? When children can share their feelings and be heard, understood and assisted, they can practice moving from frustration and anger to satisfaction and pleasure.



8) Comment on the positive things that children do.

Why? Focusing on behavior that you want to see more of increases the likelihood that it will happen again. Focusing on strengths helps children – and you- to be more aware of how uniquely special they are. ❖

(Discipline from page 4)

Time out implemented in the correct way can be an effective discipline technique for some children. However, this should be used as a last resort for discipline. It should be considered as a brief time for a child to get control of their behaviors. Briefly explain why the child is sitting in time out. When the time out is over, talk calmly about the caregiver's expectations for behavior.

Possible reasons children misbehave:

- They want to test whether caregivers will enforce rules.
- They experience different sets of expectations between daycare and home.
- They do not understand the rules, or are held to expectations that are beyond their developmental levels.
- They want to assert themselves and their independence.
- They feel ill, bored, hungry or sleepy.
- Lack of sufficient play equipment.

Positive steps adults can take to help prevent misbehavior:

- Set clear, consistent rules.
- Make certain the environment is safe and worry free.
- Provide appropriate and engaging play equipment.
- Encourage self-control by providing meaningful choices.
- Focus on desired behavior, rather than the one to be avoided.
- Build children's images of themselves as trustworthy, responsible and cooperative.
- Notice and pay attention to children when they do things right.
- Take action before a situation gets out of control.
- Encourage children often and generously.

Discipline is a positive learning experience, which should not be approached in a negative manner. Remember that discipline sets behavioral limits and guidelines to lead❖

PRIMARY CAREGIVING: A VITAL ROLE IN THE EMOTIONAL AND PSYCHOLOGICAL DEVELOPMENT OF INFANTS

*Erika Bigelow, Licensing Consultant
Jackson County*

A primary caregiver is an essential element in the positive emotional and psychological development of infants. From birth, infants are equipped to form attachments with their primary caregivers. Research on the topic of attachment has found that these early relationships between infants and primary caregivers are critical to the emotional well-being of children.

In a child care facility, the primary caregiver is the person who is primarily responsible for the care of a specific infant. That person is responsible for the diapering and feeding of that infant. However, that person is also responsible for attending to the child's needs, comforting the child and interacting with the child. Dr. Susan Goldberg, Ph.D., considers this the first component of attachment. In her article, "Attachment Part One: The dance of the relationship", Dr. Goldberg writes: "Attachment involves two components in the infant-parent relationship: the child's need for protection and comfort, and the provision of a timely and appropriate care in response to these needs."... "By the end of the first year of life, a child's expectations or internal models with caregivers are established and may prove difficult to change." It is critical that the primary caregiver not only be able to recognize the infant's cues for distress, but also be able to respond to those cues.

When the ability to form an attachment develops in a healthy manner, a child learns to trust his caregivers. He is able to trust that his needs will be met, is confident in his protection, and is more secure in his ability to explore his surroundings. However, when attachments do not develop in a healthy manner, the infant, and later child, may experience an array of difficulties. In his article, "Attachment: The First Core Strength", Dr. Bruce Perry states: "If a child has few positive relationships in early childhood or has had a bad start due to problems with the primary-caregiving experiences of infancy, this child is at risk for a host of problems. In a very real sense, the glue of normal human interaction is gone. A child with poor attachment capacity is much harder to 'shape' and teach." These children are often unmoved by positive rewards from adults. In extreme cases, these children have no remorse when they harm others and often engage in anti-social behaviors. Problems with early attachments arise from the caregiver's inability to respond consistently, sensitively and appropriately to the infant's needs for comfort and protection. This caregiver is unavailable to the infant either psychologically, physically, or emotionally. This caregiver may also be insensitive and unpredictable.

To promote healthy, strong attachments with infants, there are strategies that can be taken. Dr. Goldberg suggests the following strategies to optimize an infant's ability to form healthy attachments:

- Pay attention to the infant and learn to recognize the infant's cues for distress.
- Be responsive. Let the infant know that you are aware of their need and attend to it appropriately.



- Be consistent. Respond consistently to the infant's needs.
- Be accepting. Accept the infant's emotional distress and discomfort.
- Provide comfort. Comfort and soothe the infant in response to distress.

Additional steps to take in the process of optimizing the infant's ability to form healthy attachments are as follows:

- Smile and look the infant in the eyes.
- Talk to the infant. Tell him about anything and everything. Use a soothing voice, a wide range of vocabulary, and different facial expressions.
- Touch and hold the infant. Stroke the infant's face. Let the infant hold your finger.

The role of the primary caregiver in a child day care facility has three main elements, all of which provide an optimal environment for the development of healthy attachments. The three elements are as follows:

- Continuity of one relationship
- Continuity of care
- Appropriate social interactions

(Continued on page 10)

DEVELOPMENTAL MILESTONES OF CHILDREN FROM BIRTH TO AGE 3

	Language development/communication	Physical, spatial, and temporal awareness	Purposeful action and use of tools	Expression of feelings
The early months (birth through 8 months)	<p>Cries to signal pain or distress. Smiles or vocalizes to initiate social contact.</p> <p>Responds to human voices. Gazes at faces.</p> <p>Uses vocal and non-vocal communication to express interest and exert influence. Babbles using all types of sounds. Engages in private conversations when alone.</p> <p>Combines babbles. Understands names of familiar people and objects. Laughs. Listens to conversations.</p>	<p>Comforts self by sucking thumb or finding pacifier.</p> <p>Follows a slowly moving object with eyes.</p> <p>Reaches and grasps toys. Looks for dropped toy.</p> <p>Identifies objects from various viewpoints. Finds a toy hidden under a blanket when placed there while watching.</p>	<p>Observes own hands.</p> <p>Grasps rattle when hand and rattle are both in view.</p> <p>Hits or kicks an object to make a pleasing sight or sound continue.</p> <p>Tries to resume a knee ride by bouncing to get adult started again.</p>	<p>Expresses discomfort and comfort/pleasure unambiguously.</p> <p>Responds with more animation and pleasure to primary caregiver than to others.</p> <p>Can usually be comforted by familiar adult when distressed.</p> <p>Smiles and activates the obvious pleasure in response to social stimulation. Very interested in people. Shows displeasure at loss of social contact.</p> <p>Laughs aloud (belly laugh).</p> <p>Shows displeasure or disappointment at loss of toy.</p> <p>Expresses several clearly differentiated emotions: pleasure, anger, anxiety or fear, sadness, joy, excitement, disappointment, exuberance.</p> <p>Reacts to strangers with soberness or anxiety.</p>
Crawlers and walkers (8 to 18 months)	<p>Understands many more words than can say. Looks toward 20 or more objects when named.</p> <p>Creates long babbled sentences. Shakes head no. Says 2 or 3 clear words.</p> <p>Looks at picture books with interest, points to objects.</p> <p>Uses vocal signals other than crying to gain assistance.</p> <p>Begins to use <i>me</i>, <i>you</i>, <i>I</i>.</p>	<p>Tries to build with blocks.</p> <p>If toy is hidden under 1 of 3 cloths while child watches, looks under the right cloth for the toy.</p> <p>Persists in a search for a desired toy even when toy is hidden under distracting objects such as pillows.</p> <p>When chasing a ball that rolled under sofa and out the other side, will make a detour around sofa to get ball.</p> <p>Pushes foot into shoe, arm into sleeve.</p>	<p>When a toy winds down, continues the activity manually. Uses a stick as a tool to obtain a toy.</p> <p>When a music box winds down, searches for the key to wind it up again.</p> <p>Brings a stool to use for reaching for something.</p> <p>Pushes away someone or something not wanted.</p> <p>Feeds self finger food (bits of fruit, crackers).</p> <p>Creeps or walks to get something or avoid unpleasantness.</p> <p>Pushes foot into shoe, arm into sleeve.</p> <p>Partially feeds self with fingers or spoon. Handles cup well with minimal spilling. Handles spoon well for self-feeding.</p>	<p>Actively shows affection for familiar person: hugs, smiles at, runs toward, leans against, and so forth.</p> <p>Shows anxiety at separation from primary caregiver.</p> <p>Shows anger focused on people or objects.</p> <p>Expresses negative feelings.</p> <p>Shows pride and pleasure in new accomplishments.</p> <p>Shows intense feelings for parents. Continues to show pleasure in mastery.</p> <p>Asserts self, indicating strong sense of self.</p>
Toddlers and 2-year-olds (18 months to 3 years)	<p>Combines words.</p> <p>Listens to stories for a short while. Speaking vocabulary may reach 200 words.</p> <p>Develops fantasy in language. Begins to play pretend games.</p> <p>Defines use of many household items. Uses compound sentences.</p> <p>Uses adjectives and adverbs.</p> <p>Recounts events of the day.</p>	<p>Identifies a familiar object by touch when placed in a bag with 2 other objects.</p> <p>Uses "tomorrow," "yesterday."</p> <p>Figures out which child is missing by looking at children who are present.</p> <p>Asserts independence: "Me do it."</p> <p>Puts on simple garments such as cap or slippers.</p>	<p>When playing with a ring-stacking toy, ignores any forms that have no hole. Stacks only rings or other objects with holes.</p> <p>Classifies, labels, and sorts objects by group (hard versus soft, large versus small)</p> <p>Helps dress and undress self.</p>	<p>Frequently displays aggressive feelings and behaviors.</p> <p>Exhibits contrasting states and mood shifts (stubborn versus compliant).</p> <p>Shows increased fearfulness (dark, monsters, etc.).</p> <p>Expresses emotions with increasing control.</p> <p>Aware of own feelings and those of others.</p> <p>Shows pride in creation and production.</p> <p>Verbalizes feelings more often. Expresses feelings in symbolic play.</p> <p>Shows empathic concern for others.</p>

DEVELOPMENTAL MILESTONES OF CHILDREN FROM BIRTH TO AGE 3

	Interest in others	Self-awareness	Motor milestones and eye-hand skills
The early months (birth through 8 months)	Newborns prefer the human face and sound. Within the first two weeks, they recognize and prefer the sight, smell, and sound of the principal caregiver. Social smile and mutual gazing are evidence of early social interaction. The infant can initiate and terminate these interactions. Anticipates being lifted or fed and moves body to participate. Sees adults as objects of interest and novelty. Seeks out adults for play. Stretches arms to be taken.	Sucks fingers or hand fortuitously. Observes own hands. Raises hands as if to protect self when object comes close to face. Looks to the place on body where being touched. Reaches for and grasps toys. Clasps hands together and fingers them. Tries to cause things to happen. Begins to distinguish friends from strangers. Shows preference for being held by familiar people.	The young infant uses many complex reflexes: searches for something to suck; holds on when falling; turns head to avoid obstruction of breathing; avoids bright-ness, strong smells, and pain. Puts hand or object in mouth. Begins reaching toward interesting objects. Grasps, releases, re-grasps, and releases object again. Lifts head. Holds head up. Sits up with- out support. Rolls over. Transfers and manipulates objects with hands. Crawls.
Crawlers and walkers (8 months to 18 months)	Exhibits anxious behavior around unfamiliar adults. Enjoys exploring objects with another as the basis for establishing relationships. Gets others to do things for child's pleasure (wind up toys, read books, get dolls) Shows considerable interest in peers. Demonstrates intense attention to adult language.	Knows own name. Smiles or plays with self in mirror. Uses large and small muscles to explore confidently when a sense of security is offered by presence of caregiver. Frequently checks for caregiver's presence. Has heightened awareness of opportunities to make things happen, yet limited awareness of responsibility for own actions. Indicates strong sense of self through assertiveness. Directs actions of others (e.g., "Sit there!"). Identifies one or more body parts. Begins to use <i>me</i> , <i>you</i> , <i>I</i> .	Sits well in chairs- Pulls self up, stands holding furniture. Walks when led. Walks alone. Throws objects. Climbs stairs- Uses marker on paper. Stoops, trots, walks backward a few steps.
Toddlers and 2-year-olds (18 months to 3 years)	Shows increased awareness of being seen and evaluated by others. Sees others as a barrier to immediate gratification. Begins to realize others have rights and privileges Gains greater enjoyment from peer play and joint exploration. Begins to see benefits of cooperation. Identifies self with children of same age or sex. Is more aware of the feelings of others. Exhibits more impulse control and self-regulation in relation to others. Enjoys small-group activities.	Shows strong sense of self as an individual, as evidenced by "No" to adult requests- Experiences self as a powerful, potent, creative doer. Explores everything. Becomes capable of self-evaluation and has beginning notions of self (good, bad, attractive, ugly)- Makes attempts at self-regulation. Uses names of self and others. Identifies 6 or more body parts.	Scribbles with marker or crayon. Walks up and down stairs. Can jump off one step. Kicks a ball. Stands on one foot. Threads beads. Draws a circle. Stands and walks on tiptoes Walks up stairs one foot on each step. Handles scissors. Imitates a horizontal crayon stroke.

Note: This list is not intended to be exhaustive. Many of the behaviors indicated here will happen earlier or later for individual infants. The chart suggests an approximate time when a behavior might appear, but it should not be rigidly interpreted. Often, but not always, the behaviors appear in the order in which they emerge. Particularly for younger infants, the behaviors listed in one domain overlap considerably with several other developmental domains. Some behaviors are placed under more than one category to emphasize this interrelationship.

Pages 70-71, reprinted by permission, are taken from *Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice*, published 1995 by ZERO TO THREE: National Center for Infants, Toddlers, and Families. Wall charts based on "Developmental Milestones of Children from Birth to Age 3" and related materials may be ordered directly from ZERO TO THREE, 734 15th Street, NW, Suite 1000, Washington, DC 20005; 800-899-4301.

(Primary Caregiving from page 7)

Continuity of one relationship means that the infant has as few primary caregivers as possible during their day and week. The infant should be assigned a primary caregiver, and the parents should be aware of who the person is. The primary caregiver then attends to the infant's needs for comfort and protection.

Continuity of care means that there is consistency between the infant's home and the facility. This is achieved through communication between the parents and the primary caregiver. In her article "Primary Caregiving – No Easy Task!", Carole Grates addresses this element of caregiving: "Communication between the parent and caregiver occurs when the parent arrives and departs the center. When the child arrives, his primary caregiver should take the time to talk with his parent about the night before, any signs of illness, any stress from the home, or other factors that may affect how he will react during the day. Caregiver and parent should also have ongoing discussions about his daily patterns and how they will cooperate in consistent caregiving practices."

Appropriate social interactions begin with nurturing interactions from the primary caregiver. This is when the strategies listed earlier are used. For example, while diapering an infant, the primary caregiver talks to the infant, using soothing vocal tones. When feeding the baby, the primary caregiver is holding the infant, talking to him and looking directly into his eyes. This is also the time to play with the infant and a time to show the infant the world around them.

The role of the primary caregiver is a vital role to the emotional and psychological development of infants. These initial attachments are critical for the infant to make successfully. The primary caregiver helps the infant learn to trust the world, learn that their needs will be met, and learn that they are important.



Goldberg, Ph.D., Susan, Attachment Part One: The dance of the relationship; Attachment Part Two: Patterns of Attachment; Attachment Part Three: Attachment across the life span, www.aboutkidshealth.ca/ofhc/news/Other/3661.asp.

Grates, Carole, "Primary Caregiving – No Easy Task", Better Homes and Centers, Summer/Fall, 1998

Perry, M.D., Ph.D., Bruce Duncan, Attachment: The First Core Strength, <http://teacher.scholastic.com/professional/bruceperry/attachment.htm>. ❖

(From the Director from page 1)

In an effort to minimize out-of-pocket expenses for caregivers needing to obtain training, the rules specify "clock hours" of training, instead of semester hours or continuing education units (CEU's). Training hours may include participation in any of the following:

- ♦ Sessions offered by community groups, faith-based organizations, and child care provider associations.
- ♦ Training, workshops, seminars, and conferences on early childhood, child development, or child care administration and practices offered by early childhood organizations.
- ♦ Workshops and courses offered by local or intermediate school districts, colleges, and universities.
- ♦ In-service training for center staff.
- ♦ On-line training

I am excited about the positive impact the new rules will have on the lives of children in Michigan. I see these rules increasing the health and safety of children in care. We have a great deal of work to do before the rules take effect. I look forward to working with you as we move forward in this process.

Jim Sinnamon, Director
Division of Child Day Care Licensing

SCHEDULING FOR PRIMARY CAREGIVING

*Erika Bigelow, Licensing Consultant
Jackson County*

How do you schedule for primary caregiving?

Planning for primary caregiving is not an easy task. There are no set rules since each center has unique circumstances. The ideal, of course, would be that each child comes every day for a full day and you would have no scheduling problems. The actual situation is that you have a mixture of part time and full time children.

First, look at your specific schedule and determine how you can deploy your infant staff in the most effective way. It is easiest if your staff can work a minimum of 6 hours a day. This provides for two shifts that often overlap.

Secondly, plan for an overlap of 15 minutes between shifts. This allows caregivers time to share what has happened in the morning and what the parent has told the first caregiver about the child. These caregivers should also agree on common expectations for the child and these expectations need to be in agreement with the parent.

Any adult observing an infant/toddler classroom should be able to observe children seeking out their primary caregiver for help and comfort and observe caregivers providing individualized care during significant times of the day, i.e. feeding, nurturing, diapering.

Daily log

A daily log for infants and toddlers aids communication. It helps caregivers to recall what has transpired in the course of six (6) hours with four (4) children. It establishes patterns for determining guidance techniques. A log also helps when communicating with parents. Some programs have the parents complete a log from the previous evening so the center has a written record of the child's activities and any symptoms of illness that may have occurred at home.

Teamwork

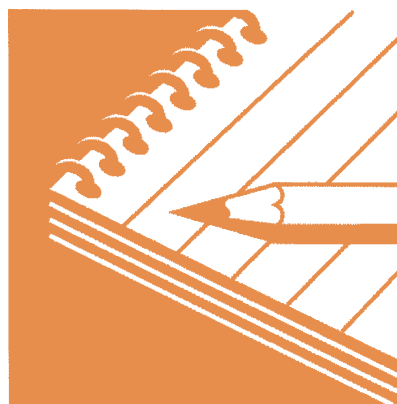
Finally, caregivers should understand that although they have four (4) infants assigned to them for their shift, they are still a part of a team. Each member of the team is an essential support for the others. It is expected that as needs arise, caregivers will interact with and care for children other than their own within the group.

Jim Greenman outlines the primary caregiver's daily responsibilities in the book, *Prime Times*. He tells us that the job of the primary caregiver includes:

- ✓ Making each child feel special
- ✓ Keeping daily records for each child

- ✓ Planning appropriate experiences, and most importantly
- ✓ Advocating for the child and the parent.

Not an easy task in anyone's terms!



Adapted from "Primary Caregiving – No Easy Task!" Carol Grates, Better Homes and Centers, Summer/Fall 1998 ❖

Consumer Product Safety Commission Infant/Child Product Recalls (not including toys)

The recalls below have been added since the last issue:

- Orbell Trade Inc. Recall of Cribs
- The Step 2 Co. Recall to Repair Toddler Swings
- Swing-N-Slide® Recall of Extra-Duty and Heavy-Duty Swing Seats

Details on these product recalls may be obtained on the Consumer Product Safety Commission's website: www.cpsc.gov

GOOD TIMES WITH TOYS

*Judy Miller, Licensing Consultant
Kent County*

INFANTS

Infants need bright-colored toys of many textures. They should be washable, non-breakable, and have no sharp edges that might cut or scratch. Toys should be large enough so they cannot be swallowed and they should have no small attached pieces (like eyes on a stuffed animal or bells on a shaker) that could be pulled off and swallowed. At this age, babies put everything into their mouths as part of exploring their worlds. Any toy they are given must be safe when used in this way.

Infants are interested in looking at toys, touching them with their hands and mouth, fitting pieces of things together and making sense of their worlds. Choose toys for them to look at, feel, chew on, hold, and drop. As infants begin to walk or crawl, they also will be interested in push-pull toys and balls.



Appropriate Infant Toys

rattles squeak toys blocks crib mobiles stacking toys and rings	push-pull toys stuffed animals or dolls nested boxes or cups books with rhymes simple picture books	noise making toys small soft toys for throwing strings of beads (large, plastic) music-making toys
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How you can help

1. Be understanding when you play with infants. Play with them for short periods of time so they will not get overly excited. Babies do not understand or enjoy teasing. For example, when they reach for a toy, let them get it instead of dangling it then snatching it away. Teasing frustrates babies and may make them cry.
2. Make a noise maker for infants by stringing the outer lids of mason jars on a ribbon and knotting it. The ribbon should be small enough that infants cannot slip it over their heads and be accidentally strangled.

3. Collect different size cans and make a set of nesting cans. Make sure there are no sharp edges where the lids have been cut off. Cans can be covered with decorative contact paper or painted with non-toxic paint.
4. Play "pat-a-cake", or "peek-a-boo" and other simple games with infants.
5. Let babies play with your fingers and hair.

TODDLERS

Toddlers are active and enjoy climbing, running, and jumping. They need toys to meet these needs. They also are interested in doing things with their hands as the small muscles in their fingers become more developed. However, toys for this age group should be simple and require little coordination. During this period, toddlers become interested in playing with others and in imitating grown-up activities. Toys like dress-up clothes are great for this!

As a caregiver, be careful about imposing sex stereotypes on toddlers' toy choices. Boys will sometimes show interest in dolls or want to be "the mommy." Girls may want trucks or to be "Superman." That is okay. This exploration is normal and necessary for them to learn about the world.

Toddlers also are interested in sensory materials such as paint, playdough, crayons, and chalk. They usually are not interested in drawing or painting a specific object. They like to scribble and mix colors. When talking to young children about their creations, it is better to say "Tell me about your picture," rather than "What is it?"

Toddlers still put toys in their mouths, so you will need to watch for objects with small parts. Also, watch out for items, such as paint and chalk, as toddlers think it is great fun to eat these! Toys should be sturdy and should not have sharp edges or points. Toddlers enjoy balloons, but caregivers should be careful to keep uninflated or broken balloons out of reach. A child could suffocate if these are swallowed. Beach balls can be a good alternative to balloons.

Appropriate Toddler Toys

Push-pull toys	Swings	Puzzles
Pedal toys	Climbing structures	Water play toys
Truck/cars big enough to ride	Books with simple stories	Simple dress-up clothes
Wagons	Blocks	Dolls and stuffed animals
Balls and bean bags	Peg boards	Creative materials (crayons, playdough, paint)
	Boxes	

How you can help

1. Play pretend games with children. For example, create a traffic jam with the toy cars they use. Make believe you are animals like kittens, dogs, or horses.
2. Play tag, bounce, or catch with balls or beanbags.
3. Play follow-the-leader or design a toddler-size obstacle course.
4. Let children imitate your activities such as sweeping the floor.



Adapted from: *GOOD TIMES WITH TOYS*

Reprinted with permission from the National Network for Child Care -NNCC. Lagoni, L. S., Martin, D. H., Maslin-Cole, C., Cook, A., MacIsaac, K., Parrill, G., Bigner, J., Coker, E., & Sheie, S. (1989). Good times with toys. In **Good times with child care**. (pp. 193-205). Fort Collins, CO: Colorado State University Cooperative Extension. ❖

NO MORE DIAPERS!

Diane Gillham, Licensing Consultant
Grand Traverse County

A landmark day occurs for every parent and day care provider when a child graduates from diapers to “big girl pants.” For most children this happens between the ages of two and four years. Each child is unique and has her own personal timetable. Parents and caregivers will sail through this period more easily by being tuned in to the child’s signals rather than their own expectations.

Several factors indicate that a child is ready to begin to learn toileting:

- Having a vocabulary, both spoken and understood, for urinating and bowel movements
- Waking up dry in the morning and from naps
- Expressing an interest in toileting, i.e. willing to sit on the toilet
- Recognizing the internal signals, and the ability to hold and release for bowel movement and urination

Caregivers need to talk with parents about toileting before beginning this learning experience. Creating similarities in methods and approach between home and day care helps the child to adapt to a new routine in her day. The adults may agree to always have the child sit on the toilet at certain times of the day or following certain daily occurrences – arrival at day care, before or after meals, after naptime, or before going outside. It is important that whatever schedule is agreed upon be communicated with the child – “After naptime, you will sit on the toilet.”

To prepare for initial toileting experiences, caregivers might give the toddler an opportunity to visit the bathroom, perhaps observe others sitting on the toilet. She could practice sitting on the toilet for “fun” and even practice flushing pieces of toilet paper to become accustomed to the action and noise of the toilet. A seat adapter may help alleviate fears of falling into the toilet.

Continuous praise is important throughout the toileting experience. A child that tells the provider she has wet or soiled her diaper/underwear is to be praised for recognizing that they have completed an act and need to be changed. A child who sits on the toilet, whether she eliminates or not, is to be praised for the act of sitting and becoming accustomed to the toilet. And certainly the child who is successful in using the toilet any time is to be congratulated!

Patience and acceptance of the child throughout the toileting process can make this a positive rather than frustrating time in a child’s development! Very few children start school wearing diapers, so listen to the child’s cues and give her the time that she needs to become a big girl!

GUIDELINES FOR INITIATING THE USE OF THE TOILET

- ▶ Wait to begin the process until the child shows signs of knowing in advance when he/she is about to eliminate.
- ▶ Let children practice sitting on the toilet without pressure of eliminating.
- ▶ Reinforce the vocabulary of toileting by using correct words during diapering.
- ▶ The times when success on the toilet are most likely are typically after meals, after naps and when the child has been dry for several hours.
- ▶ Mention that you are going to use the toilet. Children like the idea that adults use it, too.
- ▶ Expect that success is most likely to be with bowel movements at first. Learning to urinate in the toilet usually takes more time.
- ▶ Quiet words of encouragement are in order whether the child eliminates in the toilet, in the diaper or on the floor.
- ▶ Children need to be taught how to wipe properly after elimination, but will need help with this at first.
- ▶ Children sometimes develop toilet skills by observing others.
- ▶ Change the child promptly when he/she urinates or defecates in the diaper or training pants. Clean up accidents on the floor in a matter-of-fact way.
- ▶ Accidents will happen even after it appears that toilet learning has been completed.
- ▶ Keep a toilet learning record in your daily log to share with parents.
- ▶ Keep calm and remain sane. Toilet learning does happen!

Dan Hodgins
Mott Community College❖

Resources: Infants and Toddlers

Social and Emotional Development in Young Children, A guide developed by the Michigan Department of Community Health can be downloaded at: http://www.michigan.gov/documents/Social_Emoional_Development_in_YoungChildren_Guide_88553_7.pdf

Baby Stages, a Parent's and Caregiver's Guide to the Social and Emotional Development of Infants and Toddlers a developmental wheel for \$1.00 plus shipping and handling contact Deborah Kahraman at: Michigan Association for Infant Mental Health, 13101 Allen Road, Southgate, MI 48195, phone: 734-785-7700, ext. 7194, or dkahraman@guidance-center.org

Butterfield, P., Martin, C., Prarie, A., Emotional Connections: How Relationships Guide Early Learning, 1-800-899-4301, www.zerotothree.org

Carter, M., & Kidspace Child Care Center, Time with Toddlers: Training for Caregivers, , Redleaf Press, 1-800-423-8309, www.redleafpress.org

Colker, L., Dodge, D., Dombo, The Creative Curriculum for Infants and Toddlers, Redleaf Press, 1-800-423-8309, www.redleafpress.org

Fenichel, E., editor, Zero to Three Journal, 6 issues per year, 1-800-899-4301, www.zerotothree.org

Godwin, A., Schrag, L., San Fernando Valley Child Care Consortium, Setting Up for Infant/Toddler Care: Guidelines for Centers and Family Child Care Homes, NAEYC, 1-800-424-2460, www.naeyc.org

Gonzalez-Mena, J., Tips and Tidbits: A Book for Family Child Care Providers, NAEYC, 1-800-424-2460, www.naeyc.org

High/Scope Press, It's Mine: Responding to Problems and Conflicts, Redleaf Press, 1-800-423-8309, www.redleafpress.org

Isbell, R., The Complete Learning Spaces Book for Infants and Toddlers, Redleaf Press, 1-800-423-8309, www.redleafpress.org

Kinnell, G., No Biting: Policy and Practice for Toddler Programs, Redleaf Press, 1-800-423-8309, www.redleafpress.org

Kinney, M., Ahrens, P., Beginning with Babies, Redleaf Press, 1-800-423-8309, High/Scope Press, It's Mine: Responding to Problems and Conflicts, Redleaf Press, 1-800-423-8309, www.redleafpress.org

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Kinney, M., Ahrens, P., Beginning with Babies, Redleaf Press, 1-800-423-8309, www.redleafpress.org

Lombardi, J., Bogle, M., Beacon of Hope: The Promise of Early Head Start for America's Youngest Children, 1-800-899-4301, www.zerotothree.org

Meridan Education Corporation, Beginning the Journey...Child Development from One to Three, video, Redleaf Press, 1-800-423-8309, www.redleafpress.org

Modigliani, K., Reiff, M., Jones, S., Opening Your Door to Children: How to Start a Family Day Care Program, NAEYC, 1-800-424-2460, www.naeyc.org

Parlakian, R., Before the ABC's: Promoting School Readiness in Infants and Toddlers, 1-800-899-4301, www.zerotothree.org

Squibb, B., Deitz, S., Learning Activities for Infants and Toddlers: An Easy Guide for Everyday Use, Redleaf Press, 1-800-423-8309, www.redleafpress.org

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"A GREAT STATE BEGINS WITH GREAT PROVIDERS"

The Project Great Start Professional Development Initiative is a professional development opportunity designed to improve the knowledge and skills of early childhood providers working in a licensed child care center, group home or registered family home. The initiative aims to:

- ☐ Build knowledge and skills in early literacy, language and mathematics.
- ☐ Help providers implement best practices through coaching and mentoring.
- ☐ Provide additional social and emotional supports for children in your program.
- ☐ Improve children's school readiness skills.

Courses are offered at **Grand Rapids Community College, Lansing Community College, Mott Community College and Schoolcraft College** through traditional classroom learning, virtual/on-line coursework as well as a combination of the two.

T.E.A.C.H. scholarships are available for eligible providers who participate in the initiative. If providers are not eligible for a T.E.A.C.H. scholarship, then a scholarship counselor will direct the provider toward other financial supports, which may be available to the provider through the project.



For more information about the initiative, call 1-866 MI TEACH or visit the following websites www.mi4c.org and <http://www.soe.umich.edu/greatstart/>.

T.E.A.C.H. Early Childhood® Michigan is funded by the Michigan Department of Human Services and administered through the Michigan 4C Association.



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